



Indiana Housing & Community Development Authority

Survey

2010 Indiana Point-in-Time Homeless Count

(○=Select Only One; □=Select All that Apply)

☐ **SHELTERED PERSON**

FACILITY NAME: _____

PROGRAM NAME: _____

☐ **UNSHeltered PERSON**

HAVE YOU ALREADY BEEN ASKED THESE QUESTIONS TODAY?

☐ No ☐ Yes (stop here)

COUNTY: _____

FIRST NAME: _____

LAST NAME: _____

INITIALS: _____

BIRTH DATE: ____/____/____

GENDER:

☐ Male

☐ Female

SSN: ____-____-____

ETHNICITY

- ☐ Hispanic / Latino
☐ Non-Hispanic / Non-Latino

RACE

- ☐ American Indian or Alaskan Native
☐ Black or African-American
☐ White
☐ Asian
☐ Native Hawaiian or Other Pacific Islander

WHERE DID YOU SLEEP LAST NIGHT? (*Residence prior to entry*)

- ☐ Emergency Shelter ☐ Transitional Housing
☐ Place not meant for human habitation (car, street, etc)
☐ *Substance abuse treatment facility/detox center
☐ *Hospital (non-psychiatric)
☐ *Jail/prison/juvenile detention center
☐ **Permanent housing for formerly homeless**
☐ **Apartment/House - Owned**
☐ **Apartment/Room/House - Rent**
☐ **Staying/living in a family member's room/ap't/house**
☐ **Staying/living with a friend**
☐ **Hotel/motel paid for without emer. shelter voucher**
☐ **Foster care home/group home**
☐ Other ☐ Don't know ☐ Refused

HOW LONG HAVE YOU BEEN HOMELESS?

(*Homeless Duration*)

- ☐ 0-30 days ☐ 31-60 days
☐ 61-90 days ☐ 91-180 days
☐ Between 6-12 months
☐ 12 months or longer
☐ Unknown

HOW MANY TIMES HAVE YOU BEEN

HOMELESS IN THE PAST 3 YEARS?

(*Episodes of homeless in past 3 yrs.*)

- ☐ 01 ☐ 02 ☐ 03
☐ 04 ☐ 05 ☐ 06
☐ 07 ☐ 08 ☐ 09
☐ 010 or more

*Proceed only if stay was less than 180 days and was homeless prior to entry into facility

Unsheltered only: If an answer in bold is selected above, stop survey! Person does not meet definition of homeless.

DESCRIBE YOUR FAMILY (*Individual/Family Type*)

Include yourself and only family members staying with you.

- ☐ Individual Male
☐ Individual Female
☐ Individual Male – Youth (<18)
☐ Individual Female – Youth (<18)
☐ Single Parent Family – Male Head
☐ Single Parent Family – Female Head
☐ Single Parent Family – Youth Head
☐ Two Parent Family – Adult
☐ Two Parent Family – Youth
☐ Adult Couple without Children

NUMBER OF CHILDREN: _____

(Include only children currently staying with you)

NUMBER OF ADULTS IN FAMILY: _____

(Include yourself and adult family members staying with you)

Children's Details below— Only report children currently staying with you

<u>CHILD 1</u>	<u>CHILD 2</u>	<u>CHILD 3</u>	<u>CHILD 4</u>	<u>CHILD 5</u>	<u>CHILD 6</u>
GENDER	GENDER	GENDER	GENDER	GENDER	GENDER
<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male
<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female
AGE	AGE	AGE	AGE	AGE	AGE
<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1
<input type="radio"/> 1 – 5	<input type="radio"/> 1 – 5	<input type="radio"/> 1 – 5	<input type="radio"/> 1 – 5	<input type="radio"/> 1 – 5	<input type="radio"/> 1 – 5
<input type="radio"/> 6 – 12	<input type="radio"/> 6 – 12	<input type="radio"/> 6 – 12	<input type="radio"/> 6 – 12	<input type="radio"/> 6 – 12	<input type="radio"/> 6 – 12
<input type="radio"/> 13 – 17	<input type="radio"/> 13 – 17	<input type="radio"/> 13 – 17	<input type="radio"/> 13 – 17	<input type="radio"/> 13 – 17	<input type="radio"/> 13 – 17

HAVE YOU EVER BEEN DIAGNOSED WITH OR TOLD THAT YOU HAVE ANY OF THE FOLLOWING DISABILITIES? (*Special Needs*)

- ☐ Mental Illness
☐ Drug Abuse
☐ Developmental Disability
☐ Alcohol Abuse
☐ HIV/AIDS
☐ Physical Disability
☐ None

IS THE DISABILITY LONG TERM OR DOES IT PREVENT YOU FROM BEING ABLE TO LIVE INDEPENDENTLY? (*Disabling Condition*)

☐ Yes ☐ No

ARE YOU A VETERAN?

- ☐ No
☐ Yes
☐ Don't know
☐ Refused

HAVE YOU EVER BEEN IN A RELATIONSHIP

WHERE YOU WERE ABUSED? (*Domestic Violence*)

- ☐ Yes
☐ No

Definition of Homeless:

An **unsheltered** homeless person resides in a place not meant for human habitation:

- Such as cars, parks, sidewalks, abandoned buildings, streets, parks, etc.

A **sheltered** homeless person resides in:

- **Emergency shelters.** Includes temporary emergency weather shelters and domestic violence shelters.
- **Transitional housing** (for homeless persons who originally came from the streets or emergency shelters).
- **Residential programs for runaway/homeless youth** (not foster care or government funded youth programs)
- **Hotel, motel, or apartment voucher arrangements paid by a public or private agency because the person or family is homeless**